

**To: IOWA DEPARTMENT OF INSPECTIONS AND APPEALS**

**Appeals and Fair Hearings**  
3<sup>rd</sup> Floor, Lucas State Office Building  
Des Moines, IA 50319

**TRANSMITTAL SLIP****Date: Friday, April 15, 2005****From AGENCY**

<b>Name</b> Iowa Department of Administrative Services, General Services Enterprise - Purchasing		<b>Phone</b> 515-281-7073	
<b>Address</b> Hoover Building, Level A		<b>City</b> Des Moines, IA	<b>Zip</b> 50319
<b>Transmitting Officer</b> Ashley Super, PA III		<b>File (Bid) Number</b> BD80500S326	<b>Date Appeal Received</b> April 12, 2005

**APPELLANT**

<b>Name</b> Med Media, Inc. John Hrabovsky		<b>Phone</b> 717-657-8200	
<b>Address</b> 6301 Grayson Rd., MS 17111		<b>City</b> Harrisburg, PA	<b>Zip</b> 17111

**IOWA CODE SECTION**

11
----

**IOWA ADMINISTRATION CODE SECTION**

105
-----

**SPECIAL REQUESTS**

Please set hearing as soon as possible within 60 days.

**ATTORNEY FOR APPELLANT (If any)**

<b>Name</b>		
<b>Address</b>	<b>City</b>	<b>Zip</b>

**SEND COPIES TO:**

<b>Name</b> Shauna Shields, AG Office		<b>Name</b> Diane Morris, IDPH	
<b>Address</b> Hoover Bldg., Level 2		<b>Address</b> 6 <sup>th</sup> Floor, Lucas State Ofc Bldg.	
<b>City</b> Des Moines, IA	<b>Zip</b> 50319	<b>City</b> Des Moines, IA	<b>Zip</b> 50319



*First Aid For Data Collection*

Med-Media, Inc.  
6301 Grayson Road, MS 113  
Harrisburg, PA 17111

phone: 717.657.8200  
fax: 717.795.7762  
www.med-media.com

April 12, 2005

Ashley Super, PA III  
DAS GSE - Purchasing  
1305 East Walnut Street  
Hoover State Office Building, Level A  
Des Moines, IA 50319-0105

## Notice of Appeal

Dear Ashley,  
We would like to appeal the "Intent to Award" Request for Proposal # BD80500S326 - EMS Registry.  
The issues being contested are described below.

### **Page 15 of 36 – Section 3.2 Mandatory General Requirements – F. "Solutions must adopt the concept of 'one place to enter and gather data' where ever possible.**

The existing WebCUR solution utilized by the EMS providers does allow for the concept of 'one place to enter and gather data'. Creating a separate stand-alone EMS registry will deviate from this concept by forcing the EMS population to log into a separate standalone IDPH system when wishing to access only EMS registry information. The users would also have to maintain key registry information in both the stand-alone EMS registry and the existing WebCUR system. Additional costs would need to be incurred to integrate both systems that would exceed this proposal. Daily EMS activities dictate that the EMS population is logged into the WebCUR solution for submission of required run reports making it a standard and familiar portal.

### **Page 15 of 36 – Section 3.2 Mandatory General Requirements – G. "Solutions must minimize management overhead and technical support needs.**

The existing WebCUR solution totally removes any and all management overhead and technical support needs by being a hosted solution. The products we design are created to reduce our overhead of support and rewrites as well as the customers. Part of our offering is to offload from IDPH all technical and management overhead with software as a service (SAAS) offering. This would allow Med Media to manage the system, update the system and handle all end user support locally for an annual contract fee, same as what is currently being done with the WebCUR/EMS data system today. State officials would have full access and ownership to all data with onsite data access.

### **Amendment One to RFP #BD80500S326 Question 3, 15, 16, 32, 35, 76, 81, 87, 88**

The technical evaluation scoring was skewed due to the presentation of an alternative proposal. The proposal presented could not be specifically scored against Section 3.2 Mandatory General Requirements and other evaluation points listed in the RFP. The alternative proposal followed the pattern of an existing, in use IDPH/EMS system and did not deviate to accommodate evaluation points such as Microsoft .NET development environment, Microsoft SQL database, or Windows based security. The alternative proposal as presented to show that requested features are present in part in an existing IDPH/EMS system and refinement of the existing system would accommodate the end goals of the RFP. Development in the environment proposed could have been done to accommodate the proposal evaluation points, however it would lead to increased costs, high risk of new development from ground up with realistic time frames meeting the federal requirement of a completion date of August 31, 2005.

(cont.)

---

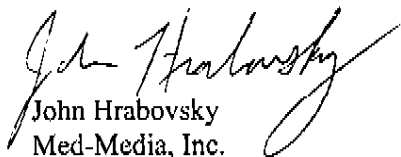
The current implemented statewide Web-based EMS data collection system being utilized by the Iowa Department of Public Health EMS office has embedded features described in the EMS Registry RFP. Additional engineering described in the RFP will combine and incorporate the EMS Registry into the existing WebCUR architecture already utilized. This will ultimately give the end user a centralized system with single user log on capabilities. Continuing down the path of a "build and own" solution will cause hardship to the end users of the system. Having a separate EMS Registry becomes a duplication of services and technology and will likewise force the end users into unnecessary entering EMS Registry information already available and stored into the existing WebCUR solution.

Our team brings proven skills in Project Management, Information Technology, and EMS domain knowledge. We are proposing a modified version of an existing and proven software solution (WebCUR) already deployed in production in 5 states for over 4 years as well as the state of Iowa. We also propose that the IDPH utilize the existing infrastructure and hosting services of Med-Media to deploy this solution. There are a number of benefits that our solution has over a "**Build and Own**" solution that will adhere to the IDPH EMS Office Development plan for future curriculums.

- Because we are already starting with a robust solution, we can provide more functionality to IDPH more efficiently than developing a solution from scratch. Our solution not only satisfies current requirements but will also provide an excellent framework to address future needs.
- Because the WebCUR solution is already deployed in production in 5 states for over 4 years, the solution has already been accepted by the EMS user community. WebCUR is currently being used in Iowa. Because the end users are currently using our proposed solution, our approach builds and maintains consensus among the EMS community. Since they are familiar with our solution, it will be easier to implement across the state.
- Developing a solution from scratch introduces significant risk of either not meeting the imposed deadline date or meeting the end user functional requirements. Because we are already starting with an existing proven technology, these risks will be mitigated.
- Utilizing Med-Media's infrastructure and hosting services means this expense is shared with other Med-Media customers. Also, utilizing a commercially available solution will reduce the demands of an already over-burdened IDPH/BIT.
- Our team has experts in the EMS domain and Information Technology. Having these skills on the project virtually guarantees the solution will meet the end user requirements.

We respectfully appeal the Intent to Award and appreciate your reconsideration and further investigation based on the information provided.

Sincerely,

  
John Hrabovsky  
Med-Media, Inc.



Med-Media, Inc.  
6301 Grayson Road, MS 113  
Harrisburg, PA 17111

phone: 717.657.8200  
fax: 717.795.7762  
www.med-media.com

*First Aid For Data Collection*

May 27, 2005

Ashley Supcr, PA III  
DAS GSE - Purchasing  
1305 East Walnut Street  
Hoover State Office Building, Level A  
Des Moines, IA 50319-0105

## **Notice to Withdraw Appeal**

Dear Ashley,

Please be advised that this letter represents Med-Media, Inc's. voluntary withdraw of the appeal of the "Intent to Award" Request for Proposal # BD80500S326 - EMS Registry. Therefore we would like to cancel the telephone hearing scheduled for June 8, 2005.

We appreciate the consideration of our Appeal and your time and efforts related thereto, however, we feel that it is in Med-Media's best interest to voluntarily withdrawal.

Sincerely,

John Hrabovsky  
Vice President, Sales  
Med-Media, Inc.